

orders.” Unless we can define the terms, we physicians will continue to be the scapegoats for the costs of serious underlying structural problems in the society under the rubric of “health care provider.”

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#### REFERENCE

1. Watts MSM: Health care in a dreamworld (Editorial). *West J Med* 1987 Apr; 146:471

## Importance of Dive Tables in Scuba Diving

TO THE EDITOR: As a scuba divemaster and a physician I am responding to the letters from Robert Fritz<sup>1</sup> and Dr Greenhouse<sup>2</sup> in the March 1987 issue.

I agree the case presented of meralgia paresthetica<sup>3</sup> is most likely due to weight belt compression, but do wish to com-

ment on Dr Greenhouse's statement that the dives were made at sea level by a person very experienced in the sport who took all recommended precautions.

A competent and experienced diver makes every dive a no-decompression dive. The maximum time limit at 80 feet is 40 minutes. A 50-minute dive would require a 10-minute decompression stop at 10 feet, as stated by Mr Fritz.

Scuba diving is a challenging and fun sport, but also one in which life-threatening complications can occur if divers are careless in their regard for the dive tables.

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#### REFERENCES

1. Fritz R: Scuba diver's thigh or the bends? (Correspondence). *West J Med* 1987 Mar; 146:366
2. Greenhouse AH: Scuba diver's thigh or the bends? (Correspondence). *West J Med* 1987 Mar; 146:366-367
3. Greenhouse AH, Page K: Scuba diver's thigh (Correspondence). *West J Med* 1986 Nov; 145:698-699